

United States Department of State Washington, DC 20520

PARTICIPANT CONSENT & RELEASE FORM FOR ALL EXCHANGE PROGRAM PARTICIPANTS:

Ι,	, in connection wit	th a U.S. Department	of State-sponsored exchange	
program, hereby author	ize the U.S. Department of erwise record and use my in	State and its program		
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speeches, and through		and print media (wh		vill
participate in all exchar * If applicable: In provid	decline to give my consent age program activities without ding my consent, I ask that no associated with the U.S. gov	out being disadvantag	ed with respect to those activition	es.
territories:	associated with the O.S. gov	eriment in the follow	ring specific countries or	_
Participant Signature		 Date	Email Address	
Printed Name		Participant's Home City & Country		